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Name of Person Making Nicole Barrese

Signature: *Nicole Barrese*
12/16/2004

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9

Re Applic of	Bolde et al.
Docket No.	FIS920030222US1
Serial No.	10/604,150
Filing Date	6/27/2003
Attorney	Lisa U. Jaklitsch

Attached: Amendment Transmittal Letter, Amendment**PLEASE DELIVER TO:**

EXAMINER: Tai V. Nguyen

ART UNIT: 3729

PHONE NO: 703-308-1791

FAX NO: 703-872-9306


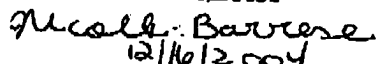
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**INTERNATIONAL BUSINESS
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Phone: 845-894-2580

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. FIS920030222US1	
Applicant(s):					
Application No. 10/604,150	Filing Date 6/27/2003	Examiner Tai V. Nguyen	Customer No. 32074	Group Art Unit 3729	Confirmation No. 1149
Invention: FLEXIBLE DIE REMOVAL DEVICE					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	7 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$88.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0458 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.</div><div>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</div></div> <div style="margin-top: 20px;"><div style="display: flex; justify-content: space-between;"><div style="width: 45%;"> _____ Signature</div><div style="width: 45%; text-align: right;">Dated: 12-16-2004</div></div><div style="margin-top: 20px;"><div style="display: flex; justify-content: space-between;"><div style="width: 45%;">Lisa U. Jaklitsch Registration No. 45,168 Telephone No. (845) 894-3338 Fax No. (845) 892-6363</div><div style="width: 45%; border: 1px solid black; padding: 5px;">CERTIFICATION OF FACSIMILE TRANSMISSION: I hereby certify that this correspondence is being facsimile transmitted to the USPTO on the date shown below: Date of Transmission: 12-16-2004 Name of Person Making Transmission: Nicole Barrese Signature:  12/16/2004</div></div><div style="margin-top: 20px;">cc: _____</div></div></div>					

10/604,150

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I hereby certify that this paper and fee are being TRANSMITTED VIA FACSIMILE TO: Assistant Commissioner for Patents, P. O. Box 1450, ALEXANDRIA, VA 22313-1450. Date of Deposit: 12-16-2004 Name of Person Making Deposit: Nicole Barrese

Signature *Nicole Barrese* 12/16/2004**In the United States Patent and Trademark Office****Date:** 12/16/2004**In re Application** Bolde et al.**Filed:** 6/27/2003**of:****For:** FLEXIBLE DIE REMOVAL DEVICE**Serial Number:** 10/604,150**Confirmation No.**

1149

Art Unit: 3729**Examiner:** Tai V. Nguyen**AMENDMENT**

Hon. Commissioner of Patents and Trademarks
P. O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated September 17, 2004, Applicants submit the following amendments and remarks: